

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013118

STATE FILE NUMBER

FILED MAY 11 1959

Registration District No.

141

Primary Registration District No.

3025

Registrar's No.

48

5. 300
1-57

1. PLACE OF DEATH a. COUNTY Howell		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Howell	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN West Plains		c. CITY OR TOWN West Plains 0466	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 311 W. Main St.		d. STREET ADDRESS 311 W. Main St.	
3. NAME OF DECEASED (Type or print) MARTHA		4. DATE OF DEATH Month April Day 26 Year 1959	
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 26, 1870
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) homemaker		11. BIRTHPLACE (City and state or country) Keokuk, Iowa	
13a. FATHER'S NAME Andrew J. Sundbye		14. NAME OF HUSBAND OR WIFE J. Ed. Kenney	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT Mrs. E. L. Duren, Adamsville, Alabama.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCARDIAL INFARCTION DUE TO (b) ARTERIOSCLEROTIC HEART DIS. DUE TO (c) 4.200	
19. INTERVAL BETWEEN ONSET AND DEATH 10 min.		20. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 1. PNEUMONITIS, 2. ARTERIOSCLEROSIS, GENERALIZED	
20c. TIME OF INJURY Hour 6:15 a.m. p.m. Month, Day, Year 11-3-53		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 26	
21. I attended the deceased from 6:15 p.m. to 4-29-59 and last saw her alive on 4-29-59		22. DATE SIGNED 4-29-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE Apr. 28, 1959	
23c. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery		23d. LOCATION (City, town, or county) (State) West Plains, Missouri	
24. FUNERAL DIRECTOR H. C. Thompson		25. DATE RECD. BY LOCAL REG. 5-6-59	
26. REGISTRAR'S SIGNATURE Beatrice Cook			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Hal Thompson*

Licensed Embalmer No. *3408*

P. O. Address..... **CARTER FUNERAL H**

WEST PLAINS, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.